

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Valley Lee

159

Registration Dist. No. 281

Village or City

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

St.

Ward

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

March 28, 1936

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Valley Lee

MOTHER FATHER

13. NAME

John Bessie Lee

(State or country)

14. BIRTHPLACE (city or town)

(State or country)

Valley Lee

15. MAIDEN NAME

June 77 Saunders

(State or country)

16. BIRTHPLACE (city or town)

(State or country)

Valley Lee

17. INFORMANT

(Address)

John Bessie Lee

18. BURIAL, CREMATION OR REMOVAL

Place of Burial

Date April 2, 1936

19. UNDERTAKER

(Address)

Joe Bennett

Valley Lee

20. FILED

April 1, 1936

By whom and
Local Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

March 28, 1936

to March 27, 1936

I last saw h. e. alive on March 27, 1936, death is said
to have occurred on the date stated above, at 12:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Septic fever from tonsilitis
Septic fever

Date of onset

3/28

Other Contributory Causes of Importance:

Bronchitis (8 Wks.)

Name of operation _____ Date of _____

What was confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

No no organ
Valley Lee

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	MAY 4 1926

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

REPAUL V. S.

Other contributory causes of importance:

Gallstones	
	May 1, 1923

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Dwars

Mechanicsville (1608)

Registration Dist. No. 284

4281

Village or City

Dwars

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(if death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

D. Elizabeth Cooper

(a) Residence: No.

Melin

St. Ward.

X If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 6th 1936

7. AGE

Years

Months

Days

If LESS than
1 day, 48 hrs.
or 48 min.

8. OCCUPATION

Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

St. Marys Co

Date of onset

13. FATHER

NAME

D. Cooper

14. MOTHER

NAME

Dwars

15. MAIDEN NAME

Eliza Whites

16. BIRTHPLACE (city or town)

(State or country)

St. Marys Co

17. INFORMANT

Daniel Cooper

(Address)

Mechanicsville

18. BURIAL, CREMATION, OR REMOVAL

Place

Mechanicsville

Date

April 7, 1936

19. UNDERTAKER

E. R. Foster

(Address)

20. FILED

April 7, 1936

Loring Doeher

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 7

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

I last saw him alive on

19

to have occurred on the date stated above, at 2 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Typhus +
prolonged drug taking

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

This 7th

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4282

1. PLACE OF DEATH

County St. Marys.Village or City Chaplico.Length of residence in city or town where death occurred 64 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

82-a
Registration Dist. No. 283

St., Ward

2. FULL NAME

Joseph Cauntis(a) Residence: No. Chaplico md.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, end year) 1862

7. AGE <u>74</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>none</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>none</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	<u>Maryland</u>
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13. NAME <u>Joseph Cauntis</u>	<u>Maryland</u>
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14. BIRTHPLACE (city or town) (State or country)	<u>Maryland</u>
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15. MAIDEN NAME <u>Julia Darsey</u>	<u>Maryland</u>
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16. BIRTHPLACE (city or town) (State or country)	<u>Maryland</u>
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17. INFORMANT (Address)	<u>Henry Cauntis</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Joseph</u>	Date <u>4/12/36</u> , 19 <u>36</u>
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19. UNDERTAKER (Address)	<u>Elmer R. Darsey</u>
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20. FILED Date <u>April 12</u> , 19 <u>36</u>	By <u>J. B. Johnson</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April111936

22. I HEREBY CERTIFY. That I attended deceased from

April 1, 1936, to April 1, 1936; death is saidto have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral HemorrhageDate of onset 4/11/36

Other Contributory Causes of importance:

General arteriosclerosisName of operation none Data of noneWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Elmer R. Welch

M. D.

(Address) Chaplico md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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- 11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1916

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4283

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

Registration Dist. No.

282

St. Ward

S
V. S. No. 1
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

SINGLE

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Apr. 4/36

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

739

MOTHER

FATHER

13. NAME

Chas Dauch

14. BIRTHPLACE (city or town)

(State or country)

739

15. MAIDEN NAME

Anna Stacey

16. BIRTHPLACE (city or town)

(State or country)

739

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER

(Address)

20. FILED

(Address)

St. Mary's
Georgetown

St. Ward.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Apr. 4, 1936

22. I HEREBY CERTIFY that I attended deceased from

Apr. 4, 1936, to Apr. 4, 1936, death is said

to have occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Birth

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Frank A. Camilleri
(Address) Georgetown

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	May 5, 1920	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones	May 1, 1923
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Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N.B. -- Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County St. MarysVillage or City Lehabela Haen No. outside

2 FULL NAME

Thomas Dyson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Col.

5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

May - don't know 1883
(Month) (Day) (Year)

7 AGE

52 53 yrs. 11 mos. 00 ds. or min.?

If LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work
 (b) General nature of industry business, or establishment in which employed or (employer)

Labor

9 BIRTHPLACE

(State or country)

Md.

10 NAME OF FATHER

William Wellington

11 BIRTHPLACE OF FATHER

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Lucy Wellington

13 BIRTHPLACE OF MOTHER

(State or country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Brison Dyson(Address) Phila. Pa.15 Filed April 19 1936 Brison Dyson
RegistrarSTATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 284St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 18 1936

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from April 9th 1936 to April 17th 1936, that I last saw him alive on April 9th 1936,

and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows:

Died suddenly alone -Bronchial Heart disease

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory
Secondary

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Brison J. Dyson M. D.
of April 19 1936 (Address) Chesapeake Hotel

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

John Wesley Church

20 UNDERTAKER

A. E. Leibach

DATE OF BURIAL

Apr 20, 1936ADDRESS
Chesapeake

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Formerly engaged 6 yrs.* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"; *Lipohemorrhage* avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Cancer, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sailor," etc.), "Droopy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4285

1. PLACE OF DEATH

County

Village or City

St. Mary's Park Hall

(131)

Registration Dist. No.

287

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Mumie Odelella

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds.

yrs. mos. ds.

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Ed

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Ladace

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Bradley J. Frazer

6. DATE OF BIRTH (month, day, and year)

7. AGE

75

Years

9

Month

12

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

None

SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore, Md.

MOTHER FATHER

13. NAME

Thomas Birkett

14. BIRTHPLACE (city or town)

Md.

(State or country)

15. MAIDEN NAME

Birkett

16. BIRTHPLACE (city or town)

Md.

(State or country)

17. INFORMANT

(Address)

Wm. Frazer

Park Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Wm. Frazer

4113, 1936

19. UNDERTAKER

(Address)

Wm. B. Deale

Leicester, Md.

20. FILED

(Address)

4/12, 1936

Baltimore

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 11, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

April 6, 1936, to April 11, 1936

I last saw him alive on April 11, 1936; death is said to have occurred on the date stated above, at 9 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Data of onset

Chronic Myelitis

Other Contributory Causes of importance:

Hypertension

Central Nervous System

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frazer A. Deale

(Address) Leonardtown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1916
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 1, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Village or City

Dr. Augie's
Clement's

(131)

Registration Dist. No.

4286
282

St., Ward

Length of residence in city or town where death occurred 61 yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Augie Elizabeth Nally
Clement's

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F Col.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John Nally

6. DATE OF BIRTH (month, day, and year)

1875

December

7. AGE

Years
61

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Nov/36

11. Total time (years)
spent in this
occupation 35

12. BIRTHPLACE (city or town)

(State or country)

Ind.

MOTHER FATHER

13. NAME Jos. Farrest

14. BIRTHPLACE (city or town) Ind.

(State or country)

15. MAIDEN NAME Ella Wilcox

16. BIRTHPLACE (city or town) Ind.

(State or country)

17. INFORMANT Dr. Nally

(Address) Clement's

18. BURIAL, CREMATION OR REMOVAL

Place Dr. Alloperni Date Apr. 10, 1936

19. UNDERTAKER W. B. Daingerfield

(Address) Georacator Corp.

20. FILED 4/8/36

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Apr. 8, 1936 (Month Day Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec. 21, 1936, to Apr. 8, 1936

I last saw her alive on Apr. 1, 1936, death is said
to have occurred on the date stated above, at 5:24 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic hepatitis

Data of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Dr. Jos. A. Cicali, M. D.
(Address) Howardston, Ind.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage	MAY 5 1926	Date of onset
		July 5, 1927

BUREAU U. S.		
Other contributory causes of importance:		

Gallstones	May 1, 1928	Date of onset

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County St. MarysVillage or City Charlotte Hall, Outside

2 FULL NAME

Helen Holly

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

Lewis ColMarriedApril 18, 1895

(Month)

(Day)

(Year)

7 AGE

41

50 yrs.

mos.

If LESS than
1 day hrs.
ds. or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry
business, or establishment in
which employed or (employer)None

9 BIRTHPLACE

(State or country)

Maryland

PARENTS

10 NAME OF
FATHERWalter Shores11 BIRTHPLACE
OF FATHER

(State or country)

Md.12 MAIDEN NAME
OF MOTHERHelen ShoresMd.13 BIRTHPLACE
OF MOTHER

(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

R. J. Holly

(Address)

Charlotte Hall

15

Filed April 14, 1936 R. J. Johnson
Registrar

4287

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. 2 04St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 13, 1936(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Aug 1935 to April 8th, 1936that I last saw him alive on April 8th, 1936, and that death occurred on the date stated above, at 2 P.M. The CAUSE OF DEATH * was as follows:Cerebral & meningo.(Duration) 3 yrs. mos. 0 ds.Contributory
Secondary(Duration) 0 yrs. mos. 0 ds.(Signed) Levin J. Johnson M. D.
Apr 14, 1936 (Address) Charlotte Hall*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Mary Chapel April 14, 1936

DATE OF BURIAL

20 UNDERTAKER

E. R. Johnson MacLaurie

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House work*, or *At home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmord*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease (A.D.) causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"; *Leptothrix* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia")

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatology), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sepsis," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train*; *Decedent; Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

5 If this certificate is looked over thoroughly and a question answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4288

1. PLACE OF DEATH

County St. MaryVillage or City near Park Hall md

164

Registration Dist. No. 28

St. Ward

Length of residence in city or town where death occurred

yrs. 1

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME William S. Kratz(a) Residence: No. Swains, Maryland Calvert Co.

(Usual place of abode)

04X-

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

white

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEdith O. Kratz

6. DATE OF BIRTH (month, day, and year)

March 2 - 1901

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

35

1

12

OCCUPATION

1. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

3. Date deceased last worked at this occupation (month and year)

St. Rd. Employee11. Total time (years)
spent in this occupation 17

12. BIRTHPLACE (city or town)

(State or country)

Maryland

FATHER

13. NAME

John William Kratz

MOTHER

14. BIRTHPLACE (city or town)

Maryland

(State or country)

15. MAIDEN NAME

Katherine P. Bookleman

16. BIRTHPLACE (city or town)

Maryland

(State or country)

17. INFORMANT

Claude J. Dineen

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Friendship md

Date

April 16, 1936

19. UNDERTAKER

W. O. Welch

(Address)

20. FILED

4/14 36

19

Danaderis

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 14

Month

(Day)

Year

22. I HEREBY CERTIFY That I attended deceased from

Apr 14, 1936 to Apr 14, 1936; death is saidto have occurred on the date stated above, 12 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gunshot found in
right chest.

Date of onset

4/14/36

Other Contributory Causes of Importance:

Hunting

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide accidental Date of injury 4/14, 1936Where did injury occur? W. Park Hall md

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public RoadManner of injury accidental discharge of pistolNature of injury Spent shot wd of pistol gtr

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Aloysius P. Welch

M. D.

(Address) Chaptical md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	EIVED	1915
Chronic interstitial nephritis	MAY 5 1930	1921
Cerebral hemorrhage	EXH. 111 V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4283

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No.

283

St. Ward

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of) *Mena Bradford Oliver*

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Deyrs If LESS than
81 7 25 1 day, hrs.
or min.8. OCCUPATION
*Farmer*9. industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) *1932*11. Total time (years)
spent in this
occupation *50*

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

FATHER

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

MOTHER

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *April 21, 1936*

19. UNDERTAKER

(Address)

20. FILED

(Address)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH

April 20
(Month) (Day), 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 16 1936 to *April 20* 1936; death is said
I last saw h. alive on *April 19*, 1936; death is said
to have occurred on the date stated above, at *8 a.m.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Cerebral Hemorrhage*
after 5 hours 1936

Date of onset

Other Contributory Causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

LIVED		Date of onset
The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	MAY 5 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	RECENT	July 3, 1927

Example II

LIVED		Date of onset
The principal cause of death and related causes of importance were as follows:		
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4290

1. PLACE OF DEATH

County BaltimoreVillage or City Mechanicsville MD

93c

X

Registration Dist. No. 283

St.

Ward

Length of residence in city or town where death occurred 79 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Ann Pelterton(a) Residence: No. Mechanicsville MD

St. Ward.

X
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJames R. Pelterton

6. DATE OF BIRTH (month, day, and year)

Sept 22 - 1856

7. AGE

79

Years

7

Months

3

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER

FATHER

13. NAME Charles L. Quade

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MARRIED NAME

Mary Pelterton

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Jos. L. Pelterton

18. BURIAL, CREMATION, OR REMOVAL

Place St. Josephs

Date

April 27, 1936

19. UNDERTAKER

(Address)

Elmer M. Quade

20. FILED

(Address)

April 28, 1936

Registrar.

21. DATE OF DEATH

April 25

(Month)

1936

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct 1936 to April 1936; death is said

I last saw her alive on April 25, 1936; death is said

to have occurred on the date stated above, at 6:37 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

TuberculosisChronic myocarditis

Other Contributory Causes of Importance:

ArteriosclerosisName of operation no Date of 1936

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Elayzias C. Webb M. D.(Address) Chaplino Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1936	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	RIDGEWOOD V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
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Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4291

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

49 yrs.

(107-6)

Registration Dist. No.

282

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. as. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Valley Lee

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Benjamin F. Redman

6. DATE OF BIRTH (month, day, and year)

Aug. 25, 1886

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

49

7

18

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Valley Lee

13. MOTHER FATHER

NAME

James M. Brown

14. BIRTHPLACE (city or town)

(State or country)

Great Mills, Md.

15. MAIDEN NAME

Alice A. Combs

16. BIRTHPLACE (city or town)

(State or country)

Great Mills, Md.

17. INFORMANT

(Address)

Benjamin F. Redman

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Georges

Date 4/19 36

19. UNDERTAKER

(Address)

Wm. H. McGehee

20. FILED

(Address)

4/19, 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 17
(Month) (Day)1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

April 13, 1936 to April 17, 1936; death is said

I last saw him alive on April 16, 1936; death is said
to have occurred on the date stated above at 3:20 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Bronchitis

Tumor of lung

Other Contributory Causes of importance:

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 4/19, 1936

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Hugh and Lizzie Valley Lee

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	MAY 5 1930	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4292

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

131

Registration Dist. No. 250

St. _____ Ward. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No.

(usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

about 1878

7. AGE

Years
58

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation ?

12. BIRTHPLACE (city or town)

(State or country)

MOTHER

FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

, 19

19. UNDERTAKER

(Address)

20. FILED

, 19

Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH

April 15
(Month) (Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 1, 1936, to April 15, 1936
I last saw him alive on April 15, 1936; death is said
to have occurred on the date stated above, at 34 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic glomerulonephritis
Cyclosporine therapy
Terminal hematuria
Nerve failure

Other Contributory Causes of importance:

Renal tubular ?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4293

1. PLACE OF DEATH

County St. MarysVillage or City California

1608

Registration Dist. No. 281

St.

Ward

Length of residence in city or town where death occurred 1 yrs.No. 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)mos. 1 ds. How long in U. S. if of foreign birth? 1 yrs.mos. 1 ds.2. FULL NAME Infant Watts(a) Residence: No. 1

(Usual place of abode)

St. 1 Ward. 1

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 15/36

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.

none

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)April 193611. Total time (years)
spent in this
occupation 1 day12. BIRTHPLACE (city or town)
(State or country)California
Md

MOTHER

FATHER

13. NAME Stephen Watts

Md

14. BIRTHPLACE (city or town)
(State or country)California
Md15. MAIDEN NAME Della Johnson

Md

16. BIRTHPLACE (city or town)
(State or country)Barson
Md17. INFORMANT
(Address)Della Watts
California, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Home, see California, Md Date April 17, 1936

19. UNDERTAKER

(Address) Stephen Watts
California, Md

20. FILED

(Address) April 17, 1936 W. Bear, Jr.

Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 16, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

April 15, 1936, to April 16, 1936I last saw him alive on April 15, 1936; death is said to have occurred on the date stated above, at 9:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhageDate of onset
4/10/36

Other Contributory Causes of Importance:

Prolonged labor due to
contracted pelvis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

W. Bear, Jr.
(Address) Great Mills, Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		
The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 4 1936	1915
Chronic interstitial nephritis	BUFFALO V. S.	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	
Attack of epilepsy	1 week ago	
Run over by street car	1 week ago	
Peritonitis	3 days ago	
Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN